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# Fax

**To:** Examiner Matthew John Kasztejna  
Art Unit: 3739

**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533

**Fax:** 571-273-8300

**Pages:** 12

**Phone:** 571-272-6086

**Date:** December 14, 2006

**Re:** USSN: 10/721,518  
Our Docket: 17280

**CC:**

## RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on December 14, 2006:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 C.F.R. 1.8

Applicant: Koji Yamaya, et al.  
Serial No.: 11/721,518  
For: ENDOSCOPE APPARATUS  
Filed: November 25 2003  
Docket: 17280  
Dated: December 14, 2006  
TS:cm

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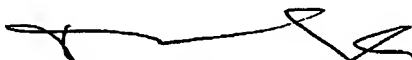
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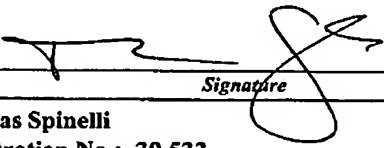
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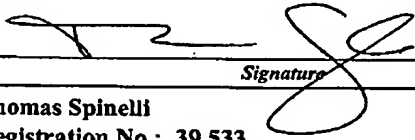
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 17280	
Applicant(s): Koji Yamaya, et al.						
<b>Application No.</b> 10/721,518	<b>Filing Date</b> November 25, 2003	<b>Examiner</b> Matthew John Kasztejna	<b>Customer No.</b> 23389	<b>Group Art Unit</b> 3739	<b>Confirmation No.</b> 5316	
Invention: ENDOSCOPE APPARATUS						
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<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>	
TOTAL CLAIMS	9 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
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<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
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P11LARGE/REV10

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 17280	
Applicant(s): <b>Koji Yamaya, et al.</b>						
<b>Application No.</b> 10/721,518	<b>Filing Date</b> November 25, 2003	<b>Examiner</b> Matthew John Kasztejna	<b>Customer No.</b> 23389	<b>Group Art Unit</b> 3739	<b>Confirmation No.</b> 5316	
Invention: <b>ENDOSCOPE APPARATUS</b>				<b>RECEIVED CENTRAL FAX CENTER DEC 14 2006</b>		
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<b>CLAIMS AS AMENDED</b>						
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>	
<b>TOTAL CLAIMS</b>	9 -	20 =	0	x \$50.00	\$0.00	
<b>INDEP. CLAIMS</b>	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 _____ <i>Signature</i>			<b>Dated: December 14, 2006</b>			
<b>Thomas Spinelli</b> <b>Registration No.: 39,533</b>			<div style="border-bottom: 1px solid black; padding-bottom: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">_____ <i>Signature of Person Mailing Correspondence</i></div> <div style="border-bottom: 1px solid black; padding-bottom: 5px;">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></div>			
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**Applicants:** Koji Yamaya, et al.                      **Examiner:** Matthew John Kasztejna  
**Serial No:** 10/721,518                                      **Art Unit:** 3739  
**Filed:** November 25, 2003                                **Docket:** 17280  
**For:** ENDOSCOPE APPARATUS                          **Dated:** December 14, 2006  
**Conf. No.:** 5316

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P.O. Box 1450  
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**RESPONSE**

Sir:

In response to the Official Action dated September 14, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks.

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

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